



Public Employee Retirement System of Idaho
P.O. Box 83720-0078, Boise ID 83720
1-800-451-8228 or 208-334-3365

PERSI Base Plan & Choice Plan Beneficiary Designation and/or Member Name Change

Member Name _____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zip _____ Daytime Phone _____

I wish to: ☐ Change beneficiary only ☐ Change member name & beneficiary ☐ Change member name only

If Member Name has changed, former name was _____

I am a PERSI retiree: ☐ Yes ☐ No If No, current or last PERSI employer _____

I am: ☐ Single ☐ Married *If marital status changes after completing this form, a new form should be submitted.*

- Choose your beneficiaries carefully. Your PERSI funds may be your largest financial asset. Read attached instructions before completing.
- **If your spouse is not named 100% primary beneficiary, he/she must consent to the designation with a signature witnessed by a Notary.**
- Unless specified otherwise, multiple beneficiaries share equally in any death benefit.
- Use whole percentages (50%, 25%, etc). Do NOT use partial percentages (33 1/3%).
- If additional space is needed, attach an additional signed and dated piece of paper.
- **Default Beneficiary** – If PERSI does not have a beneficiary designation on file, death benefits will be paid: 1) To your surviving spouse (your living spouse at the time of your death); 2) If no surviving spouse, to your estate. If this is what you wish, you do not need to designate a beneficiary or submit this form.

PRIMARY - person(s) to receive death benefits when you die

Full Name of Beneficiary	Social Security Number (if an organization, Tax ID #)	Date of Birth	Sex	Relationship to You	Percentage of Benefit Total must equal 100%
					100%

SECONDARY - person(s) to receive death benefits if no primary beneficiary(ies) is alive when you die

Full Name of Beneficiary	Social Security Number (if an organization, Tax ID #)	Date of Birth	Sex	Relationship to You	Percentage of Benefit Total must equal 100%
					100%

I understand the attached Beneficiary Designation Instructions. I revoke all previous PERSI Beneficiary Designations and request that any PERSI benefits payable after my death be made as indicated here. I may change this designation at any time by filing a new designation form. This designation applies ONLY to my PERSI Base and Choice Plan accounts. *This form is not valid unless signed, dated and on file with PERSI.*

Member's Signature _____ Date _____

Spouse's Signature: A spousal signature is required if the spouse is not named as 100% primary beneficiary. [By signing this form, you will not be receiving some or all of the PERSI death benefits you might otherwise be entitled to under community property law. You may wish to consult with a legal advisor.] I consent to the naming of a non-spousal beneficiary as indicated above.

Spouse's Signature (Must be witnessed by Notary) _____ Date _____

To be completed by Notary:

State of _____ County of _____

Subscribed and sworn before me on this _____ day of _____.

Notary Public _____

My commission expires _____